

# APPLICATION FOR EMPLOYMENT

### **PRIVATE & CONFIDENTIAL**

| APPLICANT'S NAME     | • |
|----------------------|---|
|                      |   |
| POSITION APPLIED FOR | • |

#### PLEASE READ THESE INSTRUCTIONS CAREFULLY

- 1. This Form is to be fully completed.
- Do not leave any item blank. If it is not applicable, please indicate 'N.A.'. 2.
- For those items accompanied by an '\*', please circle the appropriate item.

#### A. PERSONAL PARTICULARS

| Full Name : Mr./Mrs./        | /Mc *•           |        |              |               |              | Sex : M / F *                     |  |
|------------------------------|------------------|--------|--------------|---------------|--------------|-----------------------------------|--|
| Address:                     | /W5              |        |              |               |              | 3ex . M / 1                       |  |
| Address .                    |                  |        |              |               |              |                                   |  |
|                              |                  |        |              |               |              |                                   |  |
| Home No.:                    | Offic            | ce No. | :            |               |              |                                   |  |
| HP: Ema                      |                  |        | il:          |               |              |                                   |  |
| Birthplace: Bir              |                  |        | Birth date : |               |              |                                   |  |
| Nationality:                 |                  | Mari   | tal Sta      | atus :        |              |                                   |  |
| Religion:                    |                  | Hobl   | bies :       |               |              |                                   |  |
| B. EMERGENCY (               | CONTACT          |        |              |               |              |                                   |  |
| Name                         | Address          |        |              | Cont          | act No       | Relationship to<br>Applicant      |  |
|                              |                  |        |              |               |              |                                   |  |
|                              |                  |        |              |               |              |                                   |  |
|                              | MILY of children | in the | family       | ,             |              |                                   |  |
| Relationship to<br>Applicant | Name             | Age I  |              | cation        |              | cupation,<br>mployer / School     |  |
| Father                       |                  |        |              |               |              |                                   |  |
| Mother                       |                  |        |              |               |              |                                   |  |
| 1 <sup>st</sup> Child        |                  |        |              |               |              |                                   |  |
| 2 <sup>nd</sup> Child        |                  |        |              |               |              |                                   |  |
| 3 <sup>rd</sup> Child        |                  |        |              |               |              |                                   |  |
|                              |                  |        |              |               |              |                                   |  |
|                              |                  |        |              |               |              |                                   |  |
| C. APPLICANT'S               | FAMILY           |        |              |               |              |                                   |  |
| Relationship to<br>Applicant | Name             |        |              | Birth<br>date | Occup<br>Emp | oation, Name of<br>loyer / School |  |
| Spouse                       |                  |        |              |               |              |                                   |  |
| 1 <sup>st</sup> Child        |                  |        |              |               |              |                                   |  |
| 2 <sup>nd</sup> Child        |                  |        |              |               |              |                                   |  |
|                              |                  |        |              |               |              |                                   |  |

# D. QUALIFICATIONS & SKILLS COMPETENCY

| A) Education (from High School)  |            |                    |                            |               |                  |  |  |
|--|------------|--------------------|----------------------------|---------------|------------------|--|--|
| From   | То         | Institution        |                            |               | Major & GPA      |  |  |
|  |            | SMU                |                            |               |                  |  |  |
|  |            | University         |                            |               |                  |  |  |
| B) Sem   | inar / Co  | urses              |                            |               |                  |  |  |
| From   | То         | Course Title       |                            |               | Institution      |  |  |
| C) Awar  | ds / Scho  | olarships :        | D) Software Competency     | :             | E) Other Skills: |  |  |
|  |            |                    |                            | ,             |                  |  |  |
|  |            |                    |                            |               |                  |  |  |
| E. EXTRA CURRICULAR ACTIVITIES   |            |                    |                            |               |                  |  |  |
| E. EX  | I KA CUI   | KKICULAK           | ACTIVITIES                 |               |                  |  |  |
| State In:  | stitution, | Level of Pa        | rticipation, Office Held : |               | _                |  |  |
|  |            |                    |                            |               |                  |  |  |
|  |            |                    |                            |               |                  |  |  |
|  |            |                    |                            |               |                  |  |  |
|  |            |                    |                            |               |                  |  |  |
| F. PRI   | ESENT 8    | PREVIOU            | IS EMPLOYMENT              |               |                  |  |  |
|  |            |                    |                            |               |                  |  |  |
| Present  | Employr    | nent               |                            |               |                  |  |  |
| Name of  | f Compan   | y:                 |                            | Date Joined : |                  |  |  |
| Job Title  | e:         |                    |                            | Repo          | Reports To:      |  |  |
| Present Salary:  |            | Allowance/Benefit: |                            |               |                  |  |  |
|  |            |                    |                            |               |                  |  |  |
| Duties & Responsibilities :  |            |                    |                            |               |                  |  |  |
|  |            |                    |                            |               |                  |  |  |
|  |            |                    |                            |               |                  |  |  |
|  |            |                    |                            |               |                  |  |  |
| Reasons for Leaving:   |            |                    |                            |               |                  |  |  |
|  |            |                    |                            |               |                  |  |  |
| Please draw organization chart showing your position in your present job |            |                    |                            |               |                  |  |  |
|  |            |                    |                            |               |                  |  |  |
|  |            |                    |                            |               |                  |  |  |
|  |            |                    |                            |               |                  |  |  |
|  |            |                    |                            |               |                  |  |  |
|  |            |                    |                            |               |                  |  |  |
|  |            |                    |                            |               |                  |  |  |
|  |            |                    |                            |               |                  |  |  |
|  |            |                    |                            |               |                  |  |  |
|  |            |                    |                            |               |                  |  |  |
|  |            |                    |                            |               |                  |  |  |
|  |            |                    |                            |               |                  |  |  |

| Previous Employment   |                         |  |  |  |
|---|-------------------------|--|--|--|
| Name of Company :   | Period joined : from to |  |  |  |
| Job Title :   | Reports To:             |  |  |  |
| Last Salary:  | Allowance :             |  |  |  |
| Duties & Responsibilities :   |                         |  |  |  |
|   |                         |  |  |  |
| Reasons for Leaving :   |                         |  |  |  |
|   |                         |  |  |  |
|   |                         |  |  |  |
| Name of Company :   | Period joined : from to |  |  |  |
| Job Title:  | Reports To:             |  |  |  |
| Last Salary :   | Allowance :             |  |  |  |
| Duties & Responsibilities :   |                         |  |  |  |
|   |                         |  |  |  |
| Reasons for Leaving :   |                         |  |  |  |
|   |                         |  |  |  |
| Farliage data available if effected area laws are                           | Evanceto d Colomia      |  |  |  |
| Earliest date available if offered employment:                              |                         |  |  |  |
|   | ,                       |  |  |  |
| G. LANGUAGE ABILITY   |                         |  |  |  |
| Spoken & Written:   |                         |  |  |  |
| Spoken Only:  |                         |  |  |  |
|   |                         |  |  |  |
| Written Only:   |                         |  |  |  |
| H. CHARACTER REFEREES (from your professional relationship)                 |                         |  |  |  |
| Name:   | elationship:            |  |  |  |
| Job Title :   | Name of Company :       |  |  |  |
| Contact No :  | Period known:           |  |  |  |
|   |                         |  |  |  |
| Name:   | elationship :           |  |  |  |
| Job Title:  | ame of Company :        |  |  |  |
| Contact No :  | eriod known :           |  |  |  |
| I. OTHER INFORMATION (If yes, please give details in the right hand margin) |                         |  |  |  |

| Do you possess any driving license?  | Yes / No * | Class |
|--|------------|-------|
| Have you ever been charged, convicted in a court of law in any country?                  | Yes / No * |       |
| Have you been dismissed, discharged or suspended from employment?                        | Yes / No * |       |
| Do you have any physical / mental disability?  | Yes / No * |       |
| Have you suffered or are you suffering from any illness or disease or been hospitalized? | Yes / No * |       |
| Have you ever applied for a job in kiSEL?  | Yes / No * |       |

| Do you have any relatives / friends in this Company?  | Yes / No * |  |
|---|------------|--|
| If yes, please give names and relationship.   |            |  |
| Have you any immediate family members that are working for any other Telecommunication companies? | Yes / No * |  |
| If yes, please give us the company's name.  |            |  |
| How did you come to know about this vacancy? State source :                                       |            |  |
| Any other information supporting your application?  |            |  |

# J. DECLARATION

| I declare that the informatio  | n given above is comp | olete, true and | d accurate. Ar | ny false particul | ars or suppression c | of material |
|--------------------------------|-----------------------|-----------------|----------------|-------------------|----------------------|-------------|
| facts will render me liable to | disqualification and  | if appointed,   | to dismissal w | rithout notice fr | om the company.      |             |

| , and the second | if appointed, to dismissal without notice from the company. |
|--|---|
| Signature of Applicant:<br>Consideration   | Date:   |